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11-19-3

Fee History Query

Revenue Accounting and Management

Name/Number: 10648934

Total Records Found: 7

Start Date: Any Date

End Date: Any Date

Accounting Date	Sequence Num.	Tran Type	Fee Code	Fee Amount	Mailroom Date	Payment Method
08/28/2003	00000104	<u>1</u>	<u>2001</u>	\$375.00	08/27/2003	DA 501848
08/28/2003	00000105	<u>1</u>	<u>2201</u>	\$84.00	08/27/2003	DA 501848
08/28/2003	00000106	<u>1</u>	<u>2202</u>	\$54.00	08/27/2003	DA 501848
08/28/2003	00000107	<u>1</u>	<u>2203</u>	\$140.00	08/27/2003	DA 501848
11/18/2003	00000035	<u>1</u>	<u>8021</u>	\$40.00	11/17/2003	DA 501848
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Case needed

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dependent chain

PATENT MAINTENANCE DIVISION

PATENT

Practitioner's Docket No. 09608.113US

2002 110V 19 Pil 12: 116 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Stuart B. Smith

US PATENT & TRADEWARK **OFFICE**

Application No.:

10/648,934

Group No.:

Unknown

Filed:

August 27, 2003

Examiner:

Unknown

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REQUEST FOR REFUND (IMPROPER CHARGE OF DEPOSIT ACCOUNT)

I. REFUND REQUEST

This is a request for a refund, with respect to charges to Deposit Account 50-1848, shown on the statement dated August 29, 2003, for the above-identified application.

A copy of the monthly statement, in which the error referred to occurs, accompanies this request and is marked Exhibit A.

FEES CHARGED FOR WHICH REFUND REQUESTED II.

FEE EXPLANATION

Total Claims in initial application fee transmittal

TOTAL REFUND REQUESTED

AMOUNT OF REFUND REQUESTED

\$18.00 \$18.00

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

The original application was filed with 24 total claims as shown on the Fee Transmittal Form PTO/SB/17, a copy of which is attached as Exhibit B. However, the monthly statement (Exhibit A) reflects a charge for 26 total claims. The claims shown on pages 28 - 35, inclusive (a copy of which is attached as Exhibit C), of the original specification includes 24 total claims only.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. Section 1.8(a))

· I hereby certify that, on the date shown below, this correspondence is being:

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Elaine C. VonSpreckelsen

(type or print name of person certifying)

(Request for Refund (Improper Charge of Deposit Account)-page 1 of 2)

IV. MANNER OF REFUND

Please make refund by crediting Account No. 50-1848.

Date: 12 Hoy 2003

Reg. No.: 49,056

Tel. No.: 303-894-6178 Fax No.: 303-894-9239 Signature of Practitioner

Varen C. Belair

Customer No.: 24283



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FINA

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